

**CURTISS
WRIGHT** Controls, Inc.
Integrated Sensing

July 14, 2005

US EPA Region 2
Division of Environmental
RCRA Programs Branch
22nd Floor 290 Broadway
N.Y. N.Y. 10007-1866

US EPA,

This letter is to serve as formal notification that Novatronics-Pickering Controls Inc. previously located at 200 Terminal Drive Plainview, N.Y. 11803 has relocated its operations to 175 Central Avenue Suite #100 Farmingdale N.Y. 11735.

Upon receipt of this letter, please cancel EPA generator I.D. # NYD986988285.

All hazardous material and waste has been removed from the Plainview site. The Plainview facility was inspected by the Nassau County Department of Health, Bureau of Environmental Management on July 8th 2005. The inspector noted that the facility has met all closure requirements.

EPA form 8700-12 has been filed for the new location under the name of Curtiss Wright Controls Inc. Should you require further information, please contact the undersigned.

Sincerely,



Jasbir Singh Armeja
Director of Operations
Curtiss-Wright Controls, Inc.
Ph: (631) 756-4740 x107
Fx: (631) 756-4719
Email: Jasbir@novatronics.com

Sensors

Pickering Controls • 175 Central Avenue • Suite 100 • Farmingdale, NY 11735 • Phone: 631-756-4740 • FAX: 631-756-4719
www.cwcontrols.com

NASSAU COUNTY DEPARTMENT OF HEALTH
NASSAU COUNTY PUBLIC HEALTH ORDINANCE - ARTICLE XI
PERMIT COMPLIANCE INSPECTION REPORT
BUREAU OF ENVIRONMENTAL MANAGEMENT

Facility Name: NOVATRONICS / PICKERING 101 Facility I.D. No.: 1693
Address: 200 TERMINAL DR. PLAINVIEW
Contact Person: JEFF ADLER
Title: OP. MGR. Phone: 798-525-1137
Date Permit Expires: 3/1/07 New [] Renewal [X]

ITEM	Yes	No	N/A	ITEM	Yes	No	N/A
A. TANK STORAGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	C. BULK & CONTAINER STORAGE <u>< 27.5 GAL. WASH</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1. Leakage/Spill Monitoring Equipment Functioning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Adequate Spill Control & Containment <u>YES</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Means of Calculating Product Delivery & Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Proper Segregation of Incompatible Wastes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Proper Overfill Protection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Bulk Chemicals Stored On Pallets & Under Roof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Adequate Spill Control & Containment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Storage Area Secure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Roof Over Storage/Transfer Operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Proper Stack Size & Adequate Aisles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Proper Testing & Inspections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Containers Off Ground, Capped, Not Leaking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Proper Labels & Notices Posted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Proper Labels & Notices Posted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Standard Operating Procedures Posted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Standard Operating Procedures Posted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. RECORDS & REPORTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D. WASTES - ESTIMATED QUANTITIES ON SITE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1. Records of Chemical Deliveries & Use In Order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Containers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Records of Inspections In Order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Tanks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Records of Leaks & Spills In Order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	E. FLOOR DRAINS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Waste Records In Order <u>S. Khan & ORWELL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	F. EMISSION POINTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Reports Submitted On Time	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G. OVERALL INSPECTION [X] Satisfactory [] Non-Compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Date: 7/8/05 Item: 3 DR. 600 lbs. WASTE ALCOHOL / FLA. LIQ. NY D986989285-08776
C. ORWELL MOVING TO 175 CENTRAL AVE, SUITE 100 FARMINGDALE; SUFFOLK CO.
FAR ARTS EXEMPT - / 110500
NOW OPERATOR MOVING IN. DATE 2005.
Sol. 682-0833
A D ENV. QUALITY

Signature of Inspector: [Signature] Date: 7/8/05 Signature of Company Representative: [Signature] Date: 070805

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report	
2. Site EPA ID Number (page 14)	EPA ID Number _____	
3. Site Name (page 14)	Name: Curtiss Wright Controls Inc.	
4. Site Location Information (page 14)	Street Address: 175 Central ave Suite 100	
	City, Town, or Village: Farmingdale	State: New York
	County Name: Suffolk	Zip Code: 11735
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 3674	B. 3699
	C. _____	D. _____
7. Site Mailing Address (page 15)	Street or P. O. Box: 175 Central ave Suite 100	
	City, Town, or Village: Farmingdale	
	State: NY	
8. Site Contact Person (page 15)	First Name: Jasbir	MI: S
	Phone Number: 631-756-4740	Extension: 107
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: Jasbir Arneja	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
	B. Name of Site's Legal Owner: Rolling Hills	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	

[illegible]

OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box: 5 Aerial way Suite 100	
	City, Town, or Village: Syosset	
	State: New York	
	Country: Nassau	Zip Code: 11791

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☐ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ 2. Transporter of Hazardous Waste

Y ☒ N ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note:
A hazardous waste permit is required for this activity.

Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)

Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

Generate	Accumulate
1	1
2	3
3	6
4	10
5	15
6	21
7	28
8	36
9	45
10	55
11	66
12	78
13	91
14	105
15	120
16	136
17	153
18	171
19	190
20	210
21	231
22	253
23	276
24	300
25	325
26	351
27	378
28	406
29	435
30	465
31	496
32	528
33	561
34	595
35	630
36	666
37	703
38	741
39	780
40	820
41	861
42	903
43	946
44	990
45	1035
46	1081
47	1128
48	1176
49	1225
50	1275
51	1326
52	1378
53	1431
54	1485
55	1540
56	1596
57	1653
58	1711
59	1770
60	1830
61	1891
62	1953
63	2016
64	2080
65	2145
66	2211
67	2278
68	2346
69	2415
70	2485
71	2556
72	2628
73	2701
74	2775
75	2850
76	2926
77	3003
78	3081
79	3160
80	3240
81	3321
82	3403
83	3486
84	3570
85	3655
86	3741
87	3828
88	3916
89	4005
90	4095
91	4186
92	4278
93	4371
94	4465
95	4560
96	4656
97	4753
98	4851
99	4950
100	5050

- | | | |
|--------------------------|--------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

OMB#: 2050-0028 Expires 1/31/2006

EPA Form 8700-12 (Revised 3/2005)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)****A. First Notification****B. Subsequent Notification**
(complete item C)**C. Installation's EPA ID Number**

NY D 986980285

II. Name of Installation (Include company and specific site name)

PICKERING CONTROLS

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

200 TERMINAL DR

Street (continued)**City or Town**

PLAINVIEW

State**ZIP Code**

NY 11803 -

County Code**County Name**

MAS MASSACHUSETTS

IV. Installation Mailing Address (See Instructions)**Street or P.O. Box**

SAME

City or Town**State****ZIP Code****V. Installation Contact (Person to be contacted regarding waste activities at site)****Name (last)****(first)**

TORO

KEELY

Job Title**Phone Number (area code and number)**

SR BUYER

516 - 349 - 0200

VI. Installation Contact Address (See Instructions)**A. Contact Address Location****B. Street or P.O. Box****City or Town****State****ZIP Code****VII. Ownership (See Instructions)****A. Name of Installation's Legal Owner**

PICKERING CONTROLS INC

Street, P.O. Box, or Route Number

200 TERMINAL DR

City or Town**State****ZIP Code**

PLAINVIEW

NY 11803 -

Phone Number (area code and number)**B. Land Type****C. Owner Type****D. Change of Owner Indicator****(Date Changed)**
Month Day Year

516 - 349 - 0200

Yes

No

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

KELLY TORO SR Buyer

Date Signed

2/21/96

XI. Comments



2/22/96

USEPA Region II
Air & Waste Management
290 Broadway
New York NY 10007-1866
Floor 22

Dear Sir:

Enclosed is an application for an EPA number. Can you please rush this application since this account needs to have this waste picked up immediately.

If you have any further questions, please call me at (516) 842-6311.

Thank you,

Joyce Zimmerman
Office Supervisor

Safety Kleen Corp
60 Seabro Ave
N Amityville, NY 11701

U.S. EPA
AGENCY RO II
96 FEB 26 PM 12:43
HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/04/96

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986988285

FACILITY NAME -> PICKERING CONTROLS

MAILING ADDRESS -> 200 TERMINAL DR
PLAINVIEW, NY 11803

INSTALLATION ADDRESS -> 200 TERMINAL DR
PLAINVIEW, NY 11803

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: TORO, KELLY
SR BUYER
PICKERING CONTROLS
200 TERMINAL DR
PLAINVIEW, NY 11803